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Bib Data Sheet

CONFIRMATION NO. 8855

|  |   |                                  |   |   |
|--|---|----------------------------------|---|---|
| <b>SERIAL NUMBER</b><br>10/560,423   | <b>FILING OR 371(c) DATE</b><br>12/14/2005<br><b>RULE</b>   | <b>CLASS</b><br>174              | <b>GROUP ART UNIT</b><br>2841   | <b>ATTORNEY DOCKET NO.</b><br>040256-0138 |
| <b>APPLICANTS</b><br>Yuuichi Ashibe, Osaka, JAPAN;<br>Hiroshi Takigawa, Osaka, JAPAN;  |   |                                  |   |   |
| <b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/JP05/02427 02/17/2005  |   |                                  |   |   |
| <b>** FOREIGN APPLICATIONS *****</b><br>JAPAN 2004-060779 03/04/2004   |   |                                  |   |   |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 04/20/2006</b>   |   |                                  |   |   |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged _____<br>Examiner's Signature _____ Initials _____ |   | <b>STATE OR COUNTRY</b><br>JAPAN | <b>SHEETS DRAWING</b><br>3  | <b>TOTAL CLAIMS</b><br>6                  |
|  |   |                                  | <b>INDEPENDENT CLAIMS</b><br>1  |   |
| <b>ADDRESS</b><br>23392  |   |                                  |   |   |
| <b>TITLE</b><br>Joint for superconducting cable  |   |                                  |   |   |
| <b>FILING FEE RECEIVED</b><br>1200   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                  | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |

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